Introduced by Senator DeSaulnier

April 29, 2013

Senate Joint Resolution No. 11—Relative to housing with services.

LEGISLATIVE COUNSEL'S DIGEST

SJR 11, as amended, DeSaulnier. Housing with services.

This measure would urge the President and Congress of the United States to support housing with services models to achieve federal goals of using subsidized housing as a platform for service and encourage the President and Congress of the United States to *direct the Centers for Medicare and Medicaid Services to* expand Sections 1115 and 1915(c) federal Medicare waivers to test and integrate services into affordable housing settings.

Fiscal committee: no.

1 WHEREAS, "Housing with services" is unlicensed, subsidized, congregate properties for low-income seniors that provide access to a range of health-related and supportive services available to residents on a voluntary basis. Services are provided by 4 appropriately credentialed providers and can include care coordination from an interdisciplinary team, resident service 7 coordinators, and health educators, or colocation of health services, for example a federally qualified health center or Program of All-Inclusive Care for the Elderly (PACE), onsite. Housing with services can enable residents to age in place, reduce hospital and 10 11 emergency room usage, and postpone the need for costly institutional care: and

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WHEREAS, According to the California Department of Aging, the population over 60 years of age is expected to grow more than twice as fast as the total population. Older adults will have an overall increase of 112 percent during the period from 1990 to 2020. California's oldest old-age group, those over 85 years of age, will increase at an even faster rate than older adults, having an overall increase of 143 percent during the period from 1990 to 2020. The surge of the 85 years of age and over age group in California is expected to emerge most strongly between 2030 and 2040, as the first of the "baby boomers" reach 85 years of age; and WHEREAS, Ten percent of Californians over 65 years of age live in poverty, and 21 percent live below 150 percent of the poverty line, according to the American Community Survey. In the United States, the percent of older Americans in poverty increases with age, with the oldest of elderly people most likely to be poor. Nationwide, 10 percent of persons 75 years of age and older were considered poor, compared to 8 percent of persons 65 to 74 years of age; and

WHEREAS, Approximately 1.3 million very low income seniors are assisted through publicly subsidized housing, very low income being defined as less than 50 percent of the area median income. The Section 202 Supportive Housing for the Elderly program is the only United States Department of Housing and Urban Development (HUD) program that currently provides housing exclusively for elderly households, with approximately 263,000 units. In 2006, HUD reported that 38 percent of all Section 202 properties reported having a service coordinator on staff. Service coordinators in HUD developments for elderly persons and persons with disabilities work with residents to coordinate a wide range of services. These include the arrangement of transportation, meal services, housekeeping, medication management, visits from nurses, dentists, and massage therapists, haircuts, and social activities; and

WHEREAS, The nexus between affordable senior housing and long-term services and supports is natural. According to HUD's fiscal year 2013 proposed budget, 38 percent of seniors in Section 202 properties are frail or near frail, requiring assistance with at least three basic actives of living, such as eating, bathing, grooming, dressing, or home management activities, and thus can be considered at risk for premature institutionalization; and

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WHEREAS, Research has also found that service-enriched housing for the elderly, and the presence of service coordinators in particular, enables older residents to remain in their homes longer. A satisfaction study found that residents residing in properties that offered service coordination had an average length of stay that was six months longer than properties that did not offer service coordination; and

WHEREAS, The cost of institutionalization exceeds the cost of housing with services models. In 2004, the cost of a stay in a nursing home funded by Medi-Cal was approximately \$49,000 on average, while the cost of Section 202 housing plus the most frequently provided services, such as food, transportation, and housekeeping, is estimated to cost only \$13,000. If a fuller set of personal services is provided for very frail elders, the cost of housing plus services is estimated at approximately \$25,000, about one-half of the cost of skilled nursing care; and

WHEREAS, As stated in HUD's fiscal year 2013 proposed budget, it is the department's goal to use its housing as a platform to deliver a wide variety of services to improve the quality of life of its residents. HUD seeks to build formal and informal relationships with public and private healthcare providers, and with health education organizations, to provide access to healthcare information and services for recipients of HUD assistance. HUD's fiscal year 2013 proposed budget provides a total of \$625 million for the Supportive Housing for the Elderly and the Supportive Housing for Persons with Disabilities programs, which include \$154 million to support 5,300 additional supportive housing units to better connect residents with the supportive services they need to age in place and live independently; and

WHEREAS, The state is directed under the Olmstead Plan to improve its long-term care system so that its residents have available an array of community care options that allow them to avoid unnecessary institutionalization. The Olmstead Plan includes goals to include services that transition individuals from institutional settings to the most integrated settings appropriate for their needs, including the California Community Transitions (CCT). CCT is California's Money Follows the Person Program. Numerous research studies cite access to affordable housing as a barrier to transitioning a greater number of individuals out of nursing homes; and

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WHEREAS, Many state programs have sought to rebalance spending of health care dollars toward home and community-based services and away from institutional settings, such as nursing homes. California is one of seven states that invested more Medicaid long-term care funding for Home and Community-Based Services than for long-term institutional care based on data from the 2008 and 2009. Subsidized housing communities can support additional rebalancing efforts by offering economies of scale that can increase service delivery efficiencies. These efficiencies can result in a more regular support presence and more affordable care; now, therefore, be it

WHEREAS, "Housing with services" describes subsidized, residential properties occupied by low-income seniors that provide access to a range of health and supportive services on a voluntary basis; and

WHEREAS, Services are provided by appropriately credentialed providers and can include care coordination from an interdisciplinary team, resident service coordinators, and health educators; and

WHEREAS, Housing with services may be colocated with a federally qualified health center or Program of All-Inclusive Care for the Elderly (PACE) onsite; and

WHEREAS, Housing with services can enable residents to age in place, reduce hospital and emergency room usage, and postpone the need for costly institutional care; and

WHEREAS, California is home to the largest number of seniors in the nation, and this population is expanding at a pace that is unprecedented in history; and

WHEREAS, The Department of Finance's Demographic Research Unit estimates that California's population that is 65 years of age or older will grow by 43 percent, from 4.4 million in 2010 to 6.35 million by 2020; an additional 39 percent, to 8.83 million by 2030; and an additional 21 percent, to 10.5 million by 2040. Today roughly one in ten people are 65 years of age or older. By 2035 roughly one in five people will be that age; and

WHEREAS, According to the American Community Survey, while 10 percent of Californians over 65 years of age live in poverty, and 21 percent live below 150 percent of the poverty line, the percent of older Americans in poverty increases with age, with the oldest of elderly people at the greatest risk of being poor; and

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WHEREAS, Approximately 1.3 million very low income seniors
are assisted through publicly subsidized housing. The Section 202
Supportive Housing for the Elderly program is the only United
States Department of Housing and Urban Development (HUD)

- 5 program that currently provides housing exclusively for elderly 6 households, supporting approximately 263,000 units, of which
- 7 34,322 units are administered through HUD's San Francisco and 8 Los Angeles hubs; and

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WHEREAS, In 2006, HUD reported that 38 percent of all Section 202 properties had a service coordinator on staff; and

WHEREAS, Service coordinators in HUD developments work with residents to coordinate a wide range of services, including transportation, meal services, housekeeping, medication management, visits from nurses, dentists, and massage therapists, haircuts, and social activities; and

WHEREAS, According to HUD's fiscal year 2013 proposed budget, 38 percent of seniors in Section 202 properties are frail or near frail, requiring assistance with at least three basic activities of daily living, such as eating, bathing, grooming, dressing, or home management activities, and thus can be considered at risk for premature institutionalization; and

WHEREAS, Research has also found that service-enriched housing for the elderly, and the presence of service coordinators in particular, enables older residents to remain in their homes longer; and

WHEREAS, A satisfaction study found that residents residing in HUD properties that offered service coordination were able to avoid the higher costs of institutionalization by an average of six months longer then residents who lived in properties that did not offer service coordination; and

WHEREAS, In 2012, the cost of a stay in a nursing home funded by Medi-Cal was approximately \$82,500 annually on average, while the cost of Section 202 housing with services, such as food, transportation, and housekeeping, is estimated to cost approximately \$13,000 to \$25,000, far less than the cost of skilled nursing care; and

WHEREAS, As stated in HUD's fiscal year 2013 proposed budget, it is HUD's goal to use its housing as a platform to deliver a wide variety of services to improve the quality of life of its residents; and

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WHEREAS, HUD seeks to build formal and informal relationships with public and private health care providers, and with health education organizations, to provide access to health care information and services for recipients of HUD assistance; and

WHEREAS, HUD's fiscal year 2013 proposed budget provides a total of \$625 million for the Supportive Housing for the Elderly and the Supportive Housing for Persons with Disabilities programs, which includes \$154 million to support 5,300 additional supportive housing units to better connect residents with the supportive services they need to age in place and live independently; and

WHEREAS, The state is directed under the Olmstead Plan to improve its long-term care system so that its residents are availed an array of community care options that allow them to avoid unnecessary institutionalization. The Olmstead Plan includes goals to include services that transition individuals from institutional settings to the most integrated settings appropriate for their needs, including California's Money Follows the Person Program. Numerous research studies cite access to affordable housing as a barrier to transitioning a greater number of individuals out of nursing homes; and

WHEREAS, Many state programs have sought to rebalance spending of health care dollars toward home and community-based services and away from institutional settings; and

WHEREAS, California is one of seven states that invested more Medicaid long-term care funding for home and community-based services than for long-term institutional care. Subsidized housing communities can support additional rebalancing efforts by offering economies of scale that can increase service delivery efficiencies; now, therefore, be it

Resolved by the Senate and the Assembly of the State of California, jointly, That the Legislature applauds methods that promote greater collaboration between affordable housing providers and HCBS home and community-based services that divert or delay seniors from institutionalization and encourage aging in place; and be it further

Resolved, That the Legislature urges the President and Congress of the United States to support housing with services models, *innovations*, *and funding* to achieve federal goals of using

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1 subsidized housing as a platform for service delivery; and be it 2 further

Resolved, That the Legislature encourages the President and Congress of the United States to direct the Centers for Medicare and Medicaid to expand Sections 1115 and 1915(c) federal Medicare—Medicaid waivers to test and integrate services into affordable housing settings; and be it further

Resolved, That the Secretary of the Senate transmit copies of this resolution to the President and the Vice President of the United States, to the Speaker of the House of Representatives, to the Majority Leader of the Senate, the appropriate policy committees of both the House of Representatives and the Senate of the United States, and to each Senator and Representative from California in

13 States, and to each Senator and Re14 the Congress of the United States.

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